IOWA MEDICAID

IOWA PLAN FOR BEHAVIORAL HEALTH

Proposal for a Section 1915(b) Capitated Waiver Program
Waiver Renewal Submittal

May 2003

Section A. GENERAL INFORMATION

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The **State** of __**Iowa**_ requests a waiver under the authority of Section 1915(b)(1) of the Act. The waiver program will be operated directly by the Medicaid agency.

Effective Dates: This waiver renewal is requested for a period of 2 years; effective __**July 1, 2003**_____and ending ____**June 30, 2005**_____.

The waiver program is called __the Iowa Plan for Behavioral Health (Iowa Plan)__.

State Contact: The State contact person for this waiver is __Jane Gaskill_ and can be reached by telephone at _(515) 281-5755, or fax at _(515) 281-8512___, or e-mail at __ jgaskil@dhs.state.ia.us . You may contact P. C. Keen at telephone number 515 281-3819 or email pkeen@dhs.state.ia.us if Jane Gaskill is not available.

I. Statutory Authority

a. Section 1915(b)(1): The State's waiver program is authorized under Section 1915(b)(1) of the Act, which provides for a capitated managed

care program under which the State restricts the entity from or through which a enrollee can obtain medical care.

b. **Other Statutory Authority:** The State is also relying upon authority provided in the following section(s) of the Act:

1. ___ **1915(b)(2)** - A locality will act as a central broker (agent, facilitator, negotiator) in assisting eligible individuals in choosing among competing health plans in order to provide enrollees with more information about the range of health care options open to them. See Waiver Preprint Section A.IV.b Enrollment/Disenrollment and Section 2105 of the State Medicaid Manual. This section must be checked if the State has an independent enrollment broker.

2. **_X_ 1915(b)(3)** - The State will share cost savings resulting from the use of more cost-effective medical care with enrollees by providing them with additional services. Please refer to Section 2105 of the State Medicaid Manual. The savings must be expended for the benefit of the enrolled Medicaid beneficiary.

   Please list in Section A.IV .d.1 and Appendix D.III additional services to be provided under the waiver, which are not covered under the State plan. The services must be for medical or health-related care, or other services as described in 42 CFR Part 440, and are subject to CMS approval.

3. **_X_ 1915(b)(4)** - The State requires enrollees to obtain services only from specified providers who undertake to provide such services and meet reimbursement, quality, and utilization standards which are consistent with access, quality, and efficient and economic provision of covered care and services. Please refer to Section 2105 of the State Medicaid Manual.

c. **Sections Waived.** Relying upon the authority of the above Section(s), the State requests a waiver of the following Sections of 1902 of the Act:

1. ___ **Section 1902(a)(1)** - Statewideness--This Section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This waiver program is not available throughout the State.

2. **_X_ Section 1902(a)(10)(B)** - Comparability of Services--This Section of the Act requires all services for categorically needy individuals to be equal in amount, duration, and scope. This waiver program

includes additional benefits such as case management and health education that will not be available to other Medicaid enrollees not enrolled in the waiver program.

RESPONSE:

The State requests to continue to have this provision waived because the Iowa Plan will provide a broader array of services for enrolled beneficiaries than are available in the State Plan. The mental health and substance abuse service specified in the State Medicaid Plan will continue to be available to Medicaid beneficiaries not enrolled with the Iowa Plan.

3. **_X_ Section 1902(a)(23)** - Freedom of Choice--This Section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State. Under this program, free choice of providers is restricted. That is, individuals enrolled in this program receive certain services through an MCO, PIHP or PAHP.

RESPONSE:

The State requests to continue to have this provision waived because under the waiver, the State will require Medicaid beneficiaries enrolled with the Iowa Plan to obtain services through the Plan contractor. Within the Plan's provider network, beneficiaries will have a choice of the providers which offer the appropriate level of care.

4. **_X_ Section 1902(a)(4)** – To permit the State to mandate beneficiaries into a single PIHP or PAHP.

5. **___ Other Statutes Waived** - Please list any additional section(s) of the Act the State requests to waive, including an explanation of the request. As noted above, States requesting a combined 1915(b) and 1915(c) waiver should work with their CMS Regional Office to identify required submission items from this format.

II. Background

[Required] Please provide a brief executive summary of the State's 1915(b) waiver program's activities since implementation, including experiences during the previous waiver period(s) and a summary of any program changes either planned or anticipated during the requested renewal period. Please specify the types of stakeholders or other advisory committee meetings that have occurred

in the previous waiver period or are expected to occur under the future waiver period. Please include descriptions of any advisory boards that have consumer representation. In addition, please describe any program changes and/or improvements that have occurred as a result of stakeholder involvement during the previous waiver period(s). Please describe any stakeholder involvement in monitoring of the previous waiver period. Finally, to the extent the State enrolls persons with special health care needs, please describe how the various stakeholders have been involved in the development, implementation, and ongoing operation of the program.

RESPONSE:

OVERVIEW: The Iowa Plan for Behavioral Health (the Iowa Plan) integrates mental health care and substance abuse treatment for Medicaid enrollees under a 1915(b) waiver. Through a single state-wide contract, the Iowa Plan provides for the cooperative administration of Medicaid behavioral services with the administration of Iowa Department of Public Health's (IDPH) state and federal block grant funded substance abuse treatment programs. Through separate funding from the Iowa Department of Human Services, the Iowa Plan contractor also manages certain non-Medicaid mental health services delivered to persons to who are determined by the Iowa Department of Human Services' (DHS) to be eligible for the State Payment Program. While managing the three programs allows for administrative efficiencies, the Iowa Plan contractor is required to maintain and document separate funding streams, service requirements, and eligible populations for the three areas of responsibility: (1) Medicaid, (2) IDPH substance abuse treatment services, (3) DHS State Payment Program. The balance of this document pertains to the Iowa Plan Medicaid program.

GOALS: Following are the five goals stated in the initial waiver application. Under each goal statement is a brief list of accomplishments during the prior waiver period.

1. **Locating responsibility for authorization of services in a single contractor, assuring a smoother transition for consumers moving between services as well as better coordination for those with both mental health and substance abuse needs being addressed concurrently**
    - **All Iowa Plan enrollees receiving care management are screened for active substance abuse and mental health symptoms at intake and during treatment. (QI Report, August 2002, pages 21-22,48)**
    - **Claims data monitored by State shows up to 1,080 client received both MH and SA services during the same month (PI-M #18, January 2003). This is a considerable increase from the 295 reported (PI-M #19, June, 2000) for the previous waiver renewal.**
2. **Support local system planning through existing local planning entities**

- **Participation in state-wide advisory groups such as the Iowa Mental Health Forum, the Iowa Respite and Crisis Care Coalition and board, the Mental Health Planning Council, the MH/DD Commission and workgroups, and the Governor's Leadership Team for Domestic Violence**
- **Meeting with the Prevention Disability Council**
- **Participation in the Empowerment and Early ACCESS workshop on the Healthy Start program**
- **Participation in the Parents Leadership Conference**
- **Participation in PEERS planning and presentations**
- **Presentations on WRAP to providers and consumer groups**
- **Participation in the Healthy Polk 2010 Mental Health Group**
- **Meeting with consumers, CPC, and providers in Dubuque on Peer Support**
- **Mental Health Conference in Ames, including evening consumer meetings**
- **CROP Board meeting**

3. **Require the authorization of mental health services based not solely on medical necessity, but on a framework which incorporates clinical history and environmental factors into a review of the psychosocial necessity for treatment**
   - **Annual review by stakeholders of Iowa Plan Utilization Management Guidelines**
   - **State monitors monthly reports of authorization activities (93.79% of requests for services are authorized at the requested level of care); denial rates per level of care (denial rate was highest for inpatient, with 87.59% of requests authorized); level of care offered for each denial.(100% of time, when Contractor denied the requested level of care, another level of care was offered.) (January 2003, Monthly Report s)**
4. **Eliminate service duplication and gaps through coordinated, consumer-centered treatment planning**
   - **Consumers participated in an average of 40 joint planning treatment conferences monthly (PI-I, # 1, January 2003)**
5. **Increase contractor accountability through performance indicators which form the basis for monitoring the operation.**
   - **For the current contractor, nine Performance Indicators (PI) carry financial incentives, ten carry penalties, and 27 are monitoring only indicators. The Plan has generally performed near or above the targeted level levels of performance and has not incurred any penalties. State monitors level of performance monthly. Note: The Performance Indicators were modified in SFY 2001, based on recommendations of the Iowa Plan Advisory Committee, the Independent Assessment Report, and State monitoring results.**

KEY ACTIVITIES during the prior waiver period include:

1. **The Iowa Plan's Quality Assurance Program was award full accreditation status by the American Accreditation Health Care Commission/URAC in November 1997. The contractor has maintained accreditation since that time, with the most recent review, in May 2002, resulting in a finding of no deficiencies and accreditation effective through June 1, 2004.**
2. **Effective December 31, 2001, the PIHP successfully completed the process of becoming licensed by the Division of Insurance in the state of Iowa as a Limited Service Organization.**
3. **The second Independent Assessment (IA) of the Iowa Plan completed by William M. Mercer, Inc. in September 2002.**
4. **Medical audits were conduct by the Iowa Foundation for Medical Care in 2001 with a focus on targeted case management and in 2002 with a focus on emergency room visits.**

ANTICIPATED PROGRAM CHANGES

While it is anticipated that the waiver goals and main activities of the waiver program will remain basically the same during the requested renewal period, several activities are anticipated which will affect the waiver plan:

1. **Implementation of Medicaid managed care rules at 42 CFR 438**
2. **Implementation of HIPAA**
3. **Anticipated competitive reprocurement for the contractor(s)**
4. **Anticipated termination of the current contract (June 30, 2004).**

STAKEHOLDER AND ADVISORY COMMITTEE MEETINGS:

1. **Iowa Plan Advisory committee (initially the meeting occurred monthly were changed to quarterly then to every six months as the group directed)**
   - **Appointed by the State to advise the State on the implementation and operation of the Iowa Plan and to provide on going public input in its evolution. Advisory responsibilities include, but are not limited to the following:**
     - **Review of policies and policy revision, including changes to the Utilization Management guidelines;**
     - **Review of the PIHP's performance, based in part on performance measures established annually by State;**
     - **Review level of functioning scales for High Need enrollees and approve the PIHP's selection of scales and policies and practices related to use of the scale.**
     - **Review the PIHP's quality assurance reports and outcomes of interventions.**
     - **Review coordination of planning for children involved in the child welfare service system**
   - **Membership includes representatives from the following: 5 consumer/advocacy groups; 7 provider associations; 6 from**

county/state/court; and 3 representatives from other councils for medical services, mental health and developmental disabilities, and substance abuse. In 2003, the chairman of the Sac and Fox Tribe of Mississippi in Iowa was invited participate in the committee. In addition, the meetings are attended by State, Department of Public Health staff, and the PIHP's CEO, Medical Director, Clinical Director, and QI Manager.

- **The meeting is open and the public may attend any meeting. The meeting agenda always includes time for "guest topics".**
- **Includes consumer representatives and stakeholder monitoring of waiver activities.**
- **Consumer/advocacy groups represented on the committee include: National Alliance for the Mentally Ill – Iowa; Iowa Federation for Families for Children's Mental Health; Iowa Mental Health Recovery and Advocacy; Iowa Foster and Adoptive Parents Association; Treatment Component of Child Welfare Task Force.**
- **Recent committee discussion topics include: Independent Assessment report, medical audit report, waiver renewal, federal Medicaid managed care rules, Iowa Administrative Rule changes pertaining to substance abuse level of care criteria (ASAM PPC-2R) and fourteen day administrative authorizations for children; quality improvement activities and annual goals; performance indicators; recovery focused treatment as a best practice; advocacy group activities, other.**

2. **Consumer, Family Member, Advocate Roundtable (every other month):**
   - **Attended by consumers and family members as well as advocacy groups. The committee provides advisory information to State in determining the activities and policies for the Iowa Plan waiver program.**
   - **Includes consumer representatives and stakeholder monitoring of waiver activities with a focus on the support and operation of services for persons with special needs.**
   - **Committee Discussion topics and activities include: Depression and Bi-Polar Support Alliance, the invitation to consumers to participate in educational panels for psychiatric staff at the University of Iowa, distribution of WRAP information to the Iowa Family Practice Association, discussion of the MH/DD Commission and mental health system redesign, NAMI - Iowa updates, People First of Iowa, for people with disabilities, Olmstead Real Choices Consumer Task Force, Child Health Specialty Clinic activities, recovery-focused activities.**
3. **Children's Mental Health Stakeholders Meeting (every other month since April 1999):**
   - **This monthly roundtable was organized during the first quarter of the Iowa Plan, at the request of individuals particularly interested in Children's mental health issues, and as an outgrowth of the Consumer, Family Member, Advocate Roundtable.**

- **Attended by family members, advocacy groups, providers, and representatives of Iowa Department of Education, Consumer Recovery Outreach Project, Iowa NASW, Autism Society of Iowa, Child Health Specialty Clinics, Coalition of Family and Children's Services, Iowa Foster and Adoptive Parents Association, National Alliance for the Mentally Ill, NAMI-Iowa**
- **Includes consumer representatives and stakeholder monitoring of waiver activities with a focus on the support and operation of services for children with special needs.**
- **Discussion topics and activities include: Issues related to the topic of statewide efforts for children's mental health including: the Children's Mental Health Initiative; Iowa Respite and Crisis Care Coalition; Ottumwa's children's mental health collaborative which includes the Area Education Agency, the county's Central Point Coordinator, Child Health Specialty Clinic, CMHC, and private human service providers; Rehabilitative Treatment Services and Psychiatric Medical Institutes for Children; MH/DD Commission and Mental Health System Redesign.**

4. **Provider Roundtable (meets quarterly at the state-wide level, and, during "off months", meets quarterly in each region for the convenience of local providers.)**
   - **Regional meetings attended by providers and PIHP staff. State-wide meeting attended by provider association representatives and executive directors, representative from DHS and DPH, and the PIHP's Associate Executive Director, Medical Director, Clinical Director**
   - **Includes stakeholder monitoring of waiver activities.**
   - **Discussion topics include: targeted case management record review, joint treatment planning and authorization of integrated services and supports, Medicaid medical audit, overview of HIPAA, attendee updates.**
5. **Judicial Task Force (meets quarterly)**
   - **Attended by judges, representative from DHS, DPH and the PIHP's CEO, Medical Director, and Clinical Director, Court Liaison.**
   - **Includes stakeholder monitoring of waiver activities.**
   - **Discussion topics include: facilitation of the Iowa plan Report to the Court project (on-going since 1998); communication between the Iowa Plan contractor and the judges and referees before or during a hearing; data collection for court ordered evaluation statistics.**
6. **Community and Clinical Advisory Committee (meets quarterly)**
   - **Attended by consumer and family advocates, providers, representative from DHS and IDPH, and the PIHP's CEO, Medical Director, Clinical Director, and QI Manager.**
   - **Includes consumer representatives and stakeholder monitoring of waiver activities.**
   - **Discussion topics include: criteria for authorization of targeted case**

management, use of Wellness Recovery Action Plans (WRAP) by consumers with chronic and persistent mentally illness; development and implementation of effective consumer crisis plans; provider profiling; effective treatment modalities for clients with Borderline Personality Disorder; focused chart review on readmission rate; Adult Rehabilitation services; Magellan Clinical Practice Guidelines (these focus on best practice protocols for the treatment of behavioral health symptoms/diagnoses); substance abuse treatment criteria; quality improvement goals and overview of QI activities.

7. **Quality Improvement Committee (meets monthly)**
   - **Meetings are chaired by the PIHP's CEO and attended by the PIHP's Director of Operations, the Clinical Director, the Associate Executive Director, Manager of the QI Department and QI specialists.**
   - **Includes consumer representatives and stakeholder monitoring of waiver activities.**
   - **Subcommittees support and submit minutes to the QI Committee and conducted the following activities:**
     - **Utilization management subcommittee: care manager profiling; care manager peer audits; readmission rates; readmission chart audit project; alternative services letter to inform enrollees discharged from inpatient hospital care of local mental health resources.**
     - **Professional Provider Review Subcommittee: review of provider quality activities; implementation of clinical practice guidelines; regular reviews to monitor service and provider access.**
     - **Member Services Subcommittee: reviews Iowa Plan activities related to client rights and responsibility.**
     - **Dual Diagnosis Subcommittee: focuses on ensuring that enrollees are screened for both substance abuse and mental health symptoms at intake and as appropriate during treatment; trending dual diagnosis data; monitoring treatment coordination for dually diagnosed enrollees.**
   - **The QI subcommittee meets quarterly to discuss issues involving clients and providers throughout the state. Reviews the PIHP's Utilization Management Guidelines annually. Discussion topics include: complaint and grievance activity; client and provider satisfaction surveys; critical incidents; URAC accreditation; pilot project studies and outcomes; performance indicators, provider and community relations; feedback from stakeholders; High Need criteria; quality improvement activities; functional assessment studies; provider incident follow; external Independent Assessment; external Medicaid medical audit. Members include consumers, family members, psychiatrists, a psychologist, a primary care physician, social workers, and provider representatives.**

PROGRAM CHANGES/IMPROVEMENT THAT HAVE OCCURRED AS RESULT OF STAKEHOLDER AND CONSUMER INPUT:

The following list highlights examples of some of the ways stakeholder, client/consumer, and advocacy group input has impacted Iowa Plan services and procedures:

- **Resources on coping with stress and disaster were made widely available to consumers, providers and others following the September 11th terrorist attacks.**
- **The DPH Substance Abuse Provider Monitoring report was reviewed by providers and their recommendations were incorporated into the final version of the report.**
- **Iowa Plan enrollees benefiting from participation in the pilot project for Intensive Psychiatric Rehabilitation (IPR) services provided information to the contractor and other key stakeholders which facilitated the expansion of IPR services to other geographic locations.**
- **The MagellanAssist consumer web site was modified with input from consumers and other external stakeholders, including the addition of conferences and general calendar items, and the reorganization of the Community Resources section.**
- **Stakeholder input resulted in additional data analysis on the Iowa Plan prevention pilot project.**
- **Based on the IPR provider satisfaction survey, monthly teleconferences were discontinued and individual provider discussions will occur as needed.**
- **Based on enrollee input, meetings were held in Council Bluffs area to discuss development of community resources with local authorities.**
- **The utilization management guidelines, review tool and review process for the Targeted Case Management clinical pilot project was revised based upon feedback from providers and consumers.**
- **Based on requests through the Children's Mental Health Roundtable, MBC of Iowa's Family Advocate developed and distributed a Directory of Statewide Family Services.**
- **NAMI's Visions for Tomorrow educational program for families received an additional year of Community Reinvestment funding.**
- **Input continued to be requested and received on Community Reinvestment strategies through Provider Roundtables.**
- **Requests from providers at local Roundtables were met regarding additional information on a variety of agenda topics.**

III. General Description of the Waiver Program

a. **Type of Delivery Systems:** The State will be entering into the following types of contracts with an MCO, PIHP, or PAHP. The definitions below are taken from federal statute. However, many "other risk" or "non-risk" programs will not fit neatly into these categories (e.g. a PIHP program for a mental health carve out is "other risk," but just checking the relevant items under "2" will not convey that information fully). Please note this answer should be consistent with your response in Section A.IV.d.1 and Section D.I.

1. ___ **Risk-Comprehensive (fully-capitated—MCOs or HIOs):** Risk-comprehensive contracts are generally referred to as fully-capitated and require that the contractor be an MCO or HIO. Comprehensive means that the contractor is at risk for inpatient hospital services and any other mandatory State plan service in section 1905(a), or any three or more mandatory services in that section. References in this preprint to MCOs generally apply to these risk-comprehensive entities. Check either (a) or (b), and within each the items that apply:

   (a)__ The contractor is at-risk for inpatient hospital services and any one of the following services:

   i.___ Outpatient hospital services,
   ii.___ Rural health clinic (RHC) services,
   iii.___ Federally qualified health clinic (FQHC) services,
   iv.___ Other laboratory and X-ray services,
   v.___ Skilled nursing facility (NF) services,
   vi.___ Early periodic screening, diagnosis and treatment (EPSDT) services,
   vii.__ Family planning services,
   viii.__ Physician services, and
   ix.___ Home Health services.

   (b)__ The contractor is at-risk for three or more of the above services ((i) through (ix)). Please mark the services in (a) and list the services in Section A.IV.d.1.

2. **_X_ Other Risk (PIHP/PAHP):** Other risk contracts are those that have a scope of risk that is less than comprehensive. The contractors in these programs are either PIHPs or PAHPs (e.g., a PIHP for mental health/substance abuse). References in this preprint to PIHPs/PAHPs generally apply to these other risk entities. For PIHPs, please check either (a) or (b); if (b) is chosen, please check the services that apply. For PAHPs, please check (b), and indicate

the services that apply.

RESPONSE:
The Iowa Plan is a statewide, capitated, mental health and substance abuse treatment carve out program with the PIHP at full risk only for Medicaid mental health and substance abuse treatment services.

(a)__ The contractor is a PIHP at-risk for all inpatient hospital services,

or

(b)__ The contractor is a PIHP or PAHP at-risk for two or fewer of the below services ((i) through (x)).

i._ **X** _ Outpatient hospital services, **(mental health and substance abuse treatment only)**
ii.___ Rural health clinic (RHC) services,
iii.___ Federally qualified health clinic (FQHC) services,
iv.___ Other laboratory and X-ray services,
v.___ Skilled nursing facility (NF) services,
vi.___ Early periodic screening, diagnosis and treatment (EPSDT) services,
vii.__ Family planning services,
viii.__ Physician services
ix.___ Home Health services.
x.____ Other: ___dental
___transportation
_**X**_ a subset of inpatient hospital services (e.g. only mental health admissions) **(mental health and substance abuse treatment only)**

3. ___ **Non-risk:** Non-risk contracts involve settlements based on fee-for-service (FFS) costs (e.g., a PIHP contract where the State performs a cost-settlement process at the end of the year). If this block is checked, replace Section D (Cost Effectiveness) of this waiver preprint with the cost-effectiveness section of the waiver preprint application for a FFS primary care case management (PCCM) program. In addition to checking the appropriate items, please provide a brief narrative description of non-risk model, which will be implemented by the State.

4. ___ Other (Please provide a brief narrative description of the model. If

the model is an HIO, please modify the entire preprint accordingly):

b. Geographical Areas of the Waiver Program: Please indicate the area of the State where the waiver program will be implemented. (Note: If the State wishes to alter the waiver area at any time during the waiver period, an official waiver modification request must be submitted to CMS):

1. **_X__** Statewide -- all counties, zip codes, or regions of the State have managed care (Please list in the table below) or

2. **____** Other (please list in the table below):

Regardless of whether item 1 or 2 is checked above, in the chart below please list the areas (i.e., cities, counties, and/or regions) and the name and type of entity (MCO, PIHP, PAHP, HIO, or other entity) with which the State will contract:

City/County/Region	Name of Entity*	Type of Entity (MCO, PIHP, PAHP, HIO, or other entity)
Iowa - state-wide	**Contractor is Magellan Behavioral Care of Iowa**	**PIHP -- Iowa Plan for Behavioral Health**

*The State should list the actual names of the contracting entities. Cost-effectiveness data should be submitted for every city/county/region listed here as described in Section D.

c. Requirement for Choice: Section 1932(a)(3) of the Act and 42 CFR 438.52 require the State to permit individuals to choose from not less than two managed care entities.

1. ___ This model has a choice of managed care entities.
   - (a)__ At least one MCO and PCCM (please use the combined PCCM Capitated Waiver Renewal Preprint)
   - (b)__ One PCCM system with a choice of two or more Primary Care Case Managers (please use the PCCM Waiver Renewal preprint)
   - (c)__ Two or more MCOs
   - (d)__ At least one PIHP or PAHP and a combination of the above entities

2. ___ This model is an HIO.

3. ___ The State is opting to use the exception for rural area residents in Section 1932(a)(3) and 42 CFR 438.52(b). Please list the areas of the State in which the rural exception applies:

4._**X**_ The State is requesting a waiver of 1902(a)(4) to permit the State to mandate beneficiaries into a single PIHP/PAHP.
RESPONSE:

May Choose Provider: Medicaid beneficiaries may choose to access Iowa Plan services through any network provider who provides the appropriate level of care. The State requires the Iowa Plan PIHP to contract with any willing provider who is appropriately credentialed, licensed or accredited and agrees to standard contract terms. The State operates the Iowa Plan under a single state-wide PIHP.

Competitive Selection of PIHP: The selection of the state-wide PIHP for the Iowa Plan was the result of a competitive procurement process. State released the Request for Proposals for the Iowa Plan for Behavioral Health in March 1998. The winning bidder and current contractor is a private, for-profit, managed behavioral health care organization. Per the terms of the RFP, the original contract covers the time from 01/01/1999 through 06/30/2001, with 3 one-year optional extensions periods, at the discretion of the State. State has implemented two one-year extensions (7/2001-6/2002 and 7/2002-6/2003). At this time, State in considering implementing the final extension which, if implemented, would extend the contract from July 2003 through June 2004. State is considering the continuation of the waiver program and would conduct a competitive reprocurement of the contractor(s) to continue the waiver.
See Section A.IV.c for additional information on the current program.

d. Waiver Population Included: The waiver program includes the following targeted groups of beneficiaries. Check all items that apply:

1._**X**_ Section 1931 Children and Related Poverty Level Populations (TANF/AFDC)

2._ **X** Section 1931 Adults and Related Poverty Level Populations, including pregnant women (TANF/AFDC)

3._ **X** Blind/Disabled Children and Related Populations (SSI)

4._ **X** Blind/Disabled Adults and Related Populations (SSI)

5.___ Aged and Related Populations (Please specify: SSI, QMB, Medicare, etc.)

6._ **X** Foster Care Children

7._ **X** Title XXI SCHIP - includes an optional group of targeted low income children who are eligible to participate in Medicaid if the State has elected the State Children's Health Insurance Program through Medicaid

8._ **X** Other Eligibility Category(ies)/Population(s) Included - If checked, please describe these populations below.
RESPONSE:
Medicaid population covered by the program of Medicaid Eligibility for Persons with Disability (MEPD).

9.___ Other Special Needs Populations. Please ensure that any special populations in the waiver outside of the eligibility categories above are listed here (Please explain further in Section F. Special Populations)
i. ___ Children with special needs due to physical and/ or mental illnesses,
ii. ___ Older adults,
iii. ___Foster care children,
iv. ___Homeless individuals,
v. ___ Individuals with serious and persistent mental illness and/or substance abuse,
vi. ___Non-elderly adults who are disabled or chronically ill with developmental or physical disability, or
vii. __ Other (please list):

e. Excluded Populations: The following enrollees will be excluded from participation in the waiver:

1. ___ Have Medicare coverage, except for purposes of Medicaid-only services;

2. ___ Have medical insurance other than Medicaid;

3. ___ are residing in a nursing facility;

4. ___ are residing in an Intermediate Care Facility for the Mentally Retarded (ICF/MR);

5. ___ are enrolled in another Medicaid managed care program;

6. ___ have an eligibility period that is less than 3 months;

7. ___ are in a poverty level eligibility category for pregnant women;

8. ___ are American Indian or Alaskan Native;

9. ___ participate in a home and community-based waiver;

10. __ receive services through the State's Title XXI CHIP program;

11. **X** have an eligibility period that is only retroactive;

12. __ are included under the State's definition of Special Needs Populations. Please ensure that any special populations excluded from the waiver in the eligibility categories in I. above are listed here (Please explain further in Section F. Special Populations if necessary);
    - i. ___ Children with special needs due to physical and/ or mental illnesses,
    - ii. ___ Older adults,
    - iii. ___Foster care children,
    - iv. ___Homeless individuals,
    - v. ___ Individuals with serious and persistent mental illness and/or substance abuse,
    - vi. ___Non-elderly adults who are disabled or chronically ill with developmental or physical disability, or
    - vii. __ Other (please list):

13. **X** Have other qualifications which the State may exclude enrollees from participating under the waiver program. Please explain those reasons below:

    RESPONSE:
    The following beneficiaries are excluded from enrollment: Beneficiaries age 65 or older; persons eligible for Medicaid as a result of spending down excess income (Medically needy with a cash spenddown); Persons who reside in Glenwood State Resource Center or Woodward State Resource Center; Persons whose Medicaid benefit package is limited, such as: Qualified Medicare Beneficiaries

(QMB); Specified Low Income Medicare Beneficiaries (SLMB); Qualified Disabled Working Person (QDWP); Presumptive Eligible; Illegal Aliens. (Note: This list is up-dated, but basically consistent with waiver years 1-4.)

f. Automated Data Processing: Federal approval of this waiver request does not obviate the need for the State to comply with the Federal automated data processing systems approval requirements described in 42 CFR Part 433, Subpart C, 45 CFR Part 95, Subpart F, and Part 11 of the State Medicaid Manual.

g. Independent Assessment: The State will arrange for an Independent Assessment of the cost-effectiveness of the waiver and its impact on enrollee access to care of adequate quality. The Independent Assessment is required for at least the first two waiver periods. **This assessment is to be submitted to CMS at least 3 months prior to the end of the waiver period**. [Please refer to SMM 2111 and CMS's "Independent Assessment: Guidance to States" for more information]. Please check one of the following:

1. __ This is the first or second renewal of the waiver. An Independent Assessment has been completed and submitted to CMS as required.

2. **_X_** Independent Assessments have been completed and submitted for the first two waiver periods. The State is requesting that it not be required to arrange for additional Independent Assessments unless CMS finds reasons to request additional evaluations as a result of this renewal request. In these instances, CMS will notify the State that an Independent Assessment is needed in the waiver approval letter.

RESPONSE:

The Iowa Department of Human Services (DHS) Division of Medical Services contracted with William M. Mercer, Inc. to perform the Independent Assessment (IA) of the Iowa Plan. The IA focused on the core issues of: 1) access to waiver services; 2) quality of waiver services; and 3) cost effectiveness of the waiver. The IA included the following activities: compile, review, and analyze service utilization data; review of various Iowa Plan program documents, such as quality management reports, policies, and protocols; site visit to Magellan Behavioral Care of Iowa (MBC), the managed care vendor

with the responsibility for managing behavioral health care for the State of Iowa under this waiver; interviews with Iowa State officials and key Iowa Plan stakeholders.

EXCERPT FROM EXECUTIVE SUMMARY: Mercer's overall conclusion is that the Iowa Plan clearly meets CMS guidelines and requirements in terms of access, quality, and cost effectiveness and continues to be an exemplary program. Progress continues in areas identified during the previous IA. Our assessment found that substantial improvements in access occurred from the pre-waiver period to waiver year one, and ongoing improvements in access are evident from waiver year one to waiver year three. Improvements in the quality of waiver services are evident from Mercer's review of documents and discussions with stakeholders.

RECOMMENDATIONS

1) Recommendation: Mercer recommends discussion of potential changes in targeted case management (TCM) authorization criteria with the Iowa Plan Advisory Committee to promote a better understanding -- among stakeholders. (Page 10 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: This area impacts both the waiver and the Iowa Medicaid fee-for-service program: TCM for the chronically mentally ill is under the waiver program; TCM for the mentally retarded and developmentally disabled is under the Medicaid fee-for-service program. The Iowa Medicaid program promotes consistency between the two programs for authorization in consideration of providers who provide TCM under both the waiver and Medicaid fee-for-service programs. To address the issue of criteria for authorization for TCM under both the waiver and Medicaid fee-for-service programs, State worked with Iowa Medicaid policy staff, TCM providers, the PIHP, and other stakeholders to develop and implement administrative rules to clarify the requirements for prior authorization. The process included both formal and informal input from multiple stakeholders. State discussed the authorization of TCM at the October 2002 meeting of the Iowa Plan Advisory Committee and provided an email notice to committee members to facilitate their participation in the public process for comment on administrative rules. The Iowa Plan Clinical and Community Advisory Committee reviewed TCM authorization process at

the October 2002 meeting. The rules clarifying authorization requirements went into affect in March 2003. The TCM activities and changes were discussed with stakeholders at the April 2003 meeting of the Iowa Plan Advisory Committee.

2) Recommendation: MBC (the PIHP) and DHS (State) further analyze the findings of the Iowa Plan Medical Audit by the Iowa Foundation for Medical Care completed in August 2002 to address increased utilization of ER services. (Page 16 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: The PIHP's consumer advocate staff have worked with stakeholders to form a focus group to identify and address the problems and issues associated with quality and appropriateness of ER services and procedures and follow-up care for consumers with mental health needs. Members of the focus group represent both consumers in order to identify the issues and needs from both perspectives. Based on the outcomes of the focus groups discussions and findings, the group will provide educational information to providers and consumers.

The finding of the Medical audit were discussed with stakeholders at consumer and family roundtables in June, August and December 2002 and with providers in July, August and November 2002.

State will work with the PIHP to identify other potential activities pertaining to this recommendation based on the report of the Iowa Plan Medical Audit by the Iowa Foundation for Medical Care. State continues to monitor the utilization of ER services on a monthly basis through performance indicators and quarterly through the QI report.

3) Recommendation: Mercer recommends that MBC (the PIHP) and DHS (State) further analyze readmission rates for children and adolescents and work with the Iowa child welfare agency to provide community group care. (Page 16 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: State has directed that the 2003 medical audit focus on factors that may contribute to the increased inpatient readmission rates for children and adolescents. The medical audit is scheduled for completion in July 2003. State continues to monitor the readmission rates for children and adolescents. The PIHP works closely with the Iowa child welfare agency on policy issues through routine

meetings and, on a case by case basis, by contacting the child welfare social worker when a child involved with the child welfare system is admitted for inpatient hospital services in order to coordinate and plan for discharge and follow-up services and by routinely including child welfare social workers in Joint Treatment Planning conferences to coordinate the planning for community bases services upon discharge from Iowa Plan waiver 24 hour services or from child welfare group care. State finds that providing and funding community group care is under the direction of the child welfare authority and appropriately remains outside the direct control of the Iowa Plan waiver.

<u>4) Recommendation:</u> Mercer recommends that MBC continue efforts to identify and effectively serve persons with co-occurring MH (mental health) and SA (substance abuse) diagnoses. (Page 16 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: This recommendation is based on the findings that the IA found a considerable increase (27%) in the percent of enrollees accessing both mental health (MH) and substance abuse (SA) services, when comparing the pre-waiver period to waiver year three. State continues to monitor and finds that the utilization to-date for the current year remains generally the same as found in year three. State attributes this to the outreach and quality improvement activities of the PIHP which have focused on promoting MH and SA providers to screen, identify and recommend follow-up for co-occurring disorders. As recommended, State continues to monitor this positive finding.

<u>5) Recommendation:</u> Mercer recommends conducting an Advisory Committee meeting for the purpose of reviewing (the Quality Improvement Committee's) purpose, goals, and operating protocols, as well as to discuss findings and future plans of the QI Committee, and the complexity and continuous nature of quality improvement (QI) . (Page 20 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: This is based on the IA findings pertaining to processes used to identify quality issues. The IA found multiple positive processes in place, and identified that the Iowa Plan Advisory Committee members may not be fully aware of the use the QI process to identify areas of concern. As recommended, State will work with the PIHP to provide

additional information on the QI process to the Iowa Plan Advisory Committee, to assure members are aware that the areas of concern identified by the Iowa Plan Advisory Committee are carried to the next QI Committee meeting for follow-up. The outcome of the QI activities are reported back to the Iowa Plan Advisory Committee.

6) Recommendation: Iowa Plan and DHS consider taking one of four actions: add a disclaimer to the Performance Indicator regarding use of caution in interpreting results due to the fact that the raw numbers do not reflect percentage based on the size of the population in each region; assess the results based on percentages to determine if the PI provides value with this change in methodology; design a tool for case managers that minimizes subjectivity; or eliminate the Performance Indicator. (Page 22 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: This finding pertains to one of the performance indicators which monitors and reports raw numbers for five geographic areas, with the most populated geographic area showing higher numbers than the other areas. The IA finds that the report should be dropped or altered to reflect percentages because the use of raw numbers give the appearance of greater utilization on the most populated area. As recommended by the IA, State and the PIHP have modified this report. The report now reflect state-wide trends, which is more useful to State since the significance of the geographic areas is no longer applicable due to restructuring of the Department of Human Services in 2001.

7) Recommendation: Mercer continues to recommend an in-depth analysis of readmission rates for adults and children through chart audit and further recommends completion of an analysis of the adequacy of community placement alternatives for children. (Page 23 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: State has directed that the 2003 medical audit focus on factors that may contribute to the increased inpatient readmission rates for children and adolescents. The chart review for the medical audit is scheduled for completion in June 2003. State finds that the issues of community placement is typically under the direction of the child welfare authority and is outside the direct control of the Iowa Plan waiver. State continues to work with the child welfare authority to provide guidance concerning

responsibility for payment for services for enrollees receiving community placement and alternative services.

<u>8) Recommendation:</u> Mercer strongly recommends further analysis of ER usage because ER visits continued to increase in waiver year three. (Page 23 of IA Report issued September 25, 2002)

STATE FOLLOW-UP: In accordance with this recommendation and based on preliminary reports by the State directed the 2002 medical audit to focus on factors that may contribute to the increased utilization of ER services and the impact on care for enrollees. The medical audit found the following: a significant number of ER visits did not result in inpatient treatment; patients with inpatient treatment needs had more complex physical and mental health treatment needs; mental health specialist or psychiatrists rarely provided services in the ER; the Iowa Plan contractor provided a follow-up contact in 88% of ER visits reported to the Iowa Plan contractor (this exceeds the requirement for follow-up in 85% of ER visits which do not lead to inpatient treatment.). The finding of the Medical audit were discussed with stakeholders at consumer and family roundtables in June, August and December 2002 and with providers in July, August and November 2002. State continues to monitor the utilization of ER services and work with the PIHP to address this area of concern.

AREAS IDENTIFIED FOR IMPROVEMENT

The executive summary of the IA identified three areas for potential improvement. These are not formal recommendations of the IA and two of the areas for improvement are also listed (above) as recommendations. The areas for improvement include the following:

1) Communications with stakeholders

STATE FOLLOW-UP: State discussed this area for improvement with the IA entity and determined that this comment pertained to stakeholder concern regarding communication pertaining to a particular pilot project. There were not additional findings of concern by the IA entity in this area. State finds that the project in this situation extended over an eighteen month period of time, with the final report distributed at the January 2001 Quality Improvement Committee six months after the conclusion of the pilot. State

finds that contractor provided up-dates during that period of time and has established a formal process to provide up-dates on all pilot activities at the QI Committee meetings at least quarterly. This area of concern was discussed at stakeholder meeting (QI Dec/2002; Adv. Com Dec/2002) and stakeholders were encouraged to provide feedback should they feel that communications are an area of concern. Stakeholder comments tended to support the communication efforts made by the PIPH. State does not find this to be an on-going area of concern, but continues to monitor this area.

2) Potential overuse of emergency room services

The IA found that the rate of ER visits increased over the life of the waiver and recommended that the State and PIHP analyze data and/or conduct a special study to reveal a cause for the increase.

STATE FOLLOW-UP: Based on preliminary reports by the IA and prior to the issuing of the final IA report, State directed the 2002 medical audit to focus on factors that may contribute to the increased utilization of ER services and the impact on care for enrollees. The medical audit found the following: a significant number of ER visits did not result in inpatient treatment; patients with inpatient treatment needs had more complex physical and mental health treatment needs; mental health specialist or psychiatrists rarely provided services in the ER; the Iowa Plan contractor provided a follow-up contact in 88% of ER visits reported to the Iowa Plan contractor (this exceeds the requirement for follow-up in 85% of ER visits which do not lead to inpatient treatment.). State continues to monitor the utilization of ER services and work with the PIHP to address this area of concern.

3) Increased inpatient readmission rates for children and adolescents.

The IA found that inpatient readmission rates has moderated for adults, but continue to rise for persons under age 18 and recommended that the State and PIHP analyze readmission rates for adolescents.

STATE FOLLOW-UP: State has directed that the 2003 medical audit focus on factors that may contribute to the increased inpatient readmission rates for children and adolescents. The medical audit is scheduled for completion in June 2003. State continues to monitor this area.

IV. Program Impact

In the following informational sections, please complete the required information to describe your program.

a. **Marketing** including indirect MCO/PIHP/PAHP marketing (e.g., radio and TV advertising for the MCO/PIHP/PAHP in general) and direct MCO/PIHP/PAHP marketing (e.g., direct mail to Medicaid beneficiaries). *Information to potential enrollees and enrollees (i.e., member handbooks), is addressed in Section H.*

Previous Waiver Period

1. **_X_** [Required for all elements checked in the previous waiver submittal] Please describe how often and through what means the State monitored compliance with its marketing requirements, as well as results of the monitoring. [Reference: items A.III.a.1-7 of 1999 initial preprint; as applicable in 1995 preprint, or items A.III.a Upcoming Waiver Period of 1999 Waiver Renewal preprint].

RESPONSE:

The PIHP is prohibited from marketing Iowa Plan services per section 48.0 of the Iowa Plan contract

Upcoming Waiver Period Please describe the waiver program for the upcoming two-year period.

1._ **X** The State does not permit direct or indirect MCO//PIHP/PAHP marketing (go to item "b. Enrollment/Disenrollment")

RESPONSE:

The PIHP is prohibited from marketing Iowa Plan services per section 48.0 of the Iowa Plan contract

2.___ The State permits indirect MCO/PIHP/PAHP marketing (e.g., radio and TV advertising for the MCO/PIHP/PAHP in general). Please list types of indirect marketing permitted.

3.___ The State permits direct MCO/PIHP/PAHP marketing (e.g., direct mail to Medicaid beneficiaries). Please list types of direct marketing permitted.

Please describe the State's procedures regarding direct and indirect marketing by answering the following questions and/or referencing contract provisions or Requests for Proposals, if applicable.

4.___ The State prohibits or limits MCOs/PIHPs/PAHPs from offering gifts or other incentives to potential enrollees. Please explain any limitation/prohibition and how the State monitors this:

5.___ The State permits MCOs/PIHP/PAHPs to pay their marketing representatives based on the number of new Medicaid enrollees he/she recruited into the plan. Please explain how the State monitors marketing to ensure it is not coercive or fraudulent:

6.___ The State requires MCO/PIHP/PAHP marketing materials to be translated into the languages listed below (If the State does not translate enrollee materials, please explain):

The State has chosen these languages because (check those that apply):

i. __ The languages comprise all prevalent languages in the MCO/PIHP/PAHP service area.

ii.__ The languages comprise all languages in the MCO/PIHP/PAHP service area spoken by approximately ___ percent or more of the population.

iii.__ Other (please explain):

7.___ The State requires MCO/PIHP/PAHP marketing materials to be translated into alternative formats for those with visual impairments.

8. **Required Marketing Elements**: Listed below is a description of requirements that the State must meet under the waiver program (items a through g). If an item is not checked, please explain why.

The State:

(a)__ Ensures that all marketing materials are prior approved by the State

(b)__ Ensures that marketing materials do not contain false or misleading information

(c)__ Consults with the Medical Care Advisory Committee (or subcommittee) in the review of marketing materials

(d)__ Ensures that the MCO/PIHP/PAHP distributes marketing materials to its entire service area

(e)__ Ensures that the MCO/PIHP/PAHP does not offer the sale of any other type of insurance product as an enticement to enrollment.

(f)___ Ensures that the MCO/PIHP/PAHP does not conduct directly or indirectly, door-to-door, telephonic, or other forms of "cold-call" marketing.

(g)__ Ensures that the MCO/PIHP/PAHP does not discriminate against individuals eligible to be covered under the contract on the basis of health status or need of health services.

b. Enrollment/Disenrollment:

Previous Waiver Period

1. [Required for all elements checked in the previous waiver submittal] Please provide a description of how often and through what means the State has monitored compliance with Enrollment/Disenrollment requirements. Please include the results from those monitoring efforts for the previous waiver period. (Reference items A.III.b of the 1999 initial preprint; items A.8, 9, 17(g-j), 20, and 22 of 1995 preprint; items A.III.b Upcoming Waiver Period of 9/23/99 Waiver Renewal).

RESPONSE:

1. Per Section A.13 and Appendix A.13 of the initial Iowa Plan waiver request (1995 preprint), Iowa Medicaid recipients and providers are informed of the requirement to obtain mental health and substance abuse services through the Iowa Plan by (1) message on their Monthly Medical Eligibility Card, (2) informational packet sent by the Iowa Plan contractor to new enrollees, (3) message on REVS (telephonic Recipient Eligibility Verification System indicting Medicaid eligibility and managed care enrollment: maintained by the State Medicaid fiscal agent and available to providers to verify Medicaid status). Services not covered under the waiver remain available through regular Medicaid (fee for service), Medicaid HMOs or through the MediPASS program.

2. Enrollment is automatic and mandatory for Medicaid beneficiaries who are not excluded from enrollment. Eligible recipient may not disenroll from the Plan, but the state will disenroll Medicaid recipients who experience eligibility changes to a Medicaid coverage group excluded from the Plan or who reaches age 65.

State monitoring activities include:

- **State monitors enrollment levels per rate cell on a monthly basis.**
- **State monitors message on monthly medical cards. EXAMPLE: In September 2002, State identified that 96 clients were dropped off Iowa Plan enrollment due to the computer system changes implemented in 7/2002. State worked with local Department staff to identify issues and advise those Medicaid recipients who had accessed services and their providers on appropriate billing procedures. The problem was fixed in September and clients with on-going Medicaid eligibility re-gained enrollment.**
- **State monitors new member informational packets (handbook and provider list) mailed by Iowa Plan contractor to new enrollees on a monthly basis. Monitoring reports show that packets are mailed to new enrollees within an average of 2.6 days after the Plan is notified of enrollment. (QI Report, 2/28/2003, page 28)**
- **State monitors REVS for appropriate messages in response to issues, complaints from the public, providers. No REVS errors have been detected.**

Upcoming Waiver Period - Please describe the State's enrollment process for MCOs/PIHPs/PAHPs by checking the applicable items below.

1. **_X_ Outreach:** The State conducts outreach to inform potential enrollees, providers, and other interested parties of the managed care program (e.g., media campaigns, subcontracting with community-based organizations or out stationed eligibility workers). Please describe the outreach process, and specify any special efforts made to reach and provide information to special populations included in the waiver program:

RESPONSE:

At the time of implementation of the Iowa Plan waiver, State met with child welfare workers, providers, juvenile court staff, foster care

advocacy groups and other stakeholders to develop policies and procedures to assure coordination by the Iowa Plan PIHP with the child welfare and juvenile justice service systems. The work group received primary input from over 60 persons, which formed an Implementation Committee of 30 members which met for about twelve months.

The outcome of that process is described below:

1. **The designation of 5 full time social workers, one for each DHS regional office, to lead the DHS-SW side of the coordination between Iowa Plan and child welfare services and to serve as resource persons to child welfare workers and juvenile court staff who are accessing Iowa Plan and/or child welfare services for clients. During the initial waiver, the Liaisons meet at least quarterly with Iowa Plan administrative staff and with State to discuss the on- going evolution of policies and practice patterns, the need for technical assistance or training, any issues and problems, and provide input to State on policy pertaining to child welfare service coordination. The liaison staff attended local and state-wide Iowa Plan round tables as issues arise and as they determined appropriate. In 2001, with the elimination of DHS regional offices, key liaison staff were assigned to central office to continue these duties.**

2. **The finalization of requirements for the Iowa Plan PIHP pertaining to child welfare and juvenile justice. The committee's final recommendations and requirements are stated in Iowa Plan contract and are in italic shown below:**

A. COORDINATION BETWEEN CW/JJ SERVICES AND SERVICES OF THE IOWA PLAN

Many children and families who are receiving CW/JJ services also will receive mental health and/or substance abuse services and supports through the Iowa Plan. While the Iowa Plan Contractor is not responsible for providing, monitoring or funding CW/JJ services, the Contractor is responsible to partner with all those involved in the life of a child or family to assure the coordination and integration of services.

The Departments and the Contractor will participate in an Implementation Committee to implement policies, protocols and MIS interface to facilitate the coordination of services for children served both by CW/JJ and the Iowa Plan.

B. REQUIREMENTS WHEN CW/JJ CHILDREN AND FAMILIES ARE RECEIVING IOWA PLAN SERVICES

Specific requirements of the Contractor when CW/JJ children and families access services through the Iowa Plan provider network include, but are not limited to:

1) *assure consistency in the Utilization Management staff who authorize mental health and substance abuse services and supports so the staff are familiar with the children and families as well as the DHS/JCS workers working with the children and/or families*
2) *provide upon request clinical consultation to DHS/JCS staff even if mental health and/or substance abuse services and supports are not being requested*
3) *work with DHS/JCS staff in the preparation of reports required by the juvenile court*
4) *assure cooperation of providers in the network in the preparation of reports required by the juvenile court*
5) *cooperate in the implementation of reasonable efforts for children and families, including the authorization of integrated services and supports (See RFP Section 4A) to help avoid out-of-home placement and/or return children to their natural or foster families*
6) *inform DHS of any sub-contracts which, upon implementation, might be expected to change the way in which DHS/JCS staff work with members of the Contractor's provider panel*
7) *work cooperatively with DHS and DPH to keep DHS/JCS staff updated on any changes in policies, procedures or contractual expectations which might be expected to change the way in which DHS/JCS staff work with the Contractor's provider panel or the Contractor's staff*
8) *participate in forums sponsored by staff of the DHS regions which will be designed to discuss protocols for service planning and authorization and other issues regarding the delivery of services to children and families being served by both systems*

9) *within applicable laws and policies regarding confidentiality and upon resolution of MIS interfaces, provide to DHS/JCS staff copies of authorizations and denials of all services being requested by children in the CW/JJ system*

10) *work with DHS in implementing effective communication strategies which may include the use of electronic mail, the Internet and other tools to assure the exchange of information in a timely manner*

11) *participate in discharge planning when any Iowa Plan enrollee is leaving a placement funded through the CW/JJ delivery system*

12) *participate in a mediation process whenever there is a disagreement between DHS staff and Contractor staff as to the locus of payment responsibility for the delivery of a service to a Plan enrollee who is also part of the CW/JJ system (See RFP Section 5.7.7)*

13) *in all contracts with members of the Contractor's provider panel, require:*

- *compliance with confidentiality regulations of the CW/JJ system*
- *compliance with timelines for the provision of reports to the court or appearances before the court*

14) *coordinate with the Departments in the development and use of consumer satisfaction surveys for children who also are receiving CW/JJ services*

<u>C. COORDINATION OF DISCHARGE PLANNING FOR CW/JJ CHILDREN</u>

When a child receiving services through the CW/JJ delivery system is admitted to a 24-hour treatment setting by the Contractor, the following steps must be taken to assure the coordination of discharge planning for that child:

1) *The Contractor shall notify the DHS/JCS worker of the admission of the child to the 24-hour treatment setting*

2) *The Contractor shall work with the provider to arrange a joint staffing including the DHS/JCS worker within two business days of the admission of the child. The focus of that joint staffing will be the discharge plan for that child including agreements about the responsibilities of all parties including Contractor staff,*

provider staff, DHS/JCS worker and family

3) *Before a child receiving CW/JJ services is discharged from that 24-hour setting, the Contractor working in cooperation with the DHS/JCS worker must assure that the child has a safe setting to which to return and that the mental health and/or substance abuse treatment needs of the child will be met upon discharge*

4) *If upon admission of a child for whom no CW/JJ case is open, the mental health or substance abuse provider, the Contractor, or others involved with the child believe an out-of-home placement for which the Contractor is not planning to pay will be necessary upon discharge, the Contractor has responsibility to assure that appropriate contacts are made with the local DHS office to allow for assessment and involvement of a DHS/JCS worker as appropriate in discharge planning*

D. COOPERATION WITH LOCAL PLANNING FOR CW/JJ SERVICES

As an integral part of the system through which services are made available to Iowa's children and families, the Contractor shall be required to collaborate with local planning efforts, including but not limited to the development of new services and the selection of programs to receive community reinvestment moneys and the Contractor's role in achieving the long-term vision articulated by the Treatment Component of Child Welfare Services Work Group.

E. RECIPROCAL TRAINING

The Contractor will develop opportunities for reciprocal internships with DHS/JCS workers and substance abuse providers and MBC of Iowa staff that will allow us to better understand each other's roles responsibilities.

In addition to the above, other on-going processes for public input includes:

- **The PIHP is licensed by the Iowa Department of Inspections and Appeals, Division of Insurance as a Limited Service Organization (LSO). Through an open recruitment process, the PIHP has appointed a consumer/enrollee to serve as a member if the board for the LSO. The board members will have responsibility for oversight of the LSO requirements.**
- **Other on-going processes for public input as described in Section A.II. Those portions of Section A.II which pertain to outreach and**

input of populations are shown again below in italic for ease of reference:

GOALS: Following are the five goals stated in the initial waiver application. Under each goal statement is a brief list of accomplishments during the prior waiver period.

1. *Locating responsibility for authorization of services in a single contractor, assuring a smoother transition for consumers moving between services as well as better coordination for those with both mental health and substance abuse needs being addressed concurrently*
   - *All Iowa Plan enrollees receiving care management are screened for active substance abuse and mental health symptoms at intake and during treatment. (QI Report, August 2002, pages 21-22,48)*
   - *Claims data monitored by State shows up to 1,080 client received both MH and SA services during the same month (PI-M #18, January 2003). This is a considerable increase from the 295 reported (PI-M #19, June, 2000) for the previous waiver renewal.*
2. *Support local system planning through existing local planning entities*
   - *participation in state-wide advisory groups such as the Iowa Mental Health Forum, the Iowa Respite and Crisis Care Coalition and board, the Mental Health Planning Council, the MH/DD Commission and workgroups, and the Governor's Leadership Team for Domestic Violence*
   - *meeting with the Prevention Disability Council*
   - *participation in the Empowerment and Early ACCESS workshop on the Healthy Start program*
   - *participation in the Parents Leadership Conference*
   - *participation in PEERS planning and presentations*
   - *presentations on WRAP to providers and consumer groups*
   - *participation in the Healthy Polk 2010 Mental Health Group*
   - *meeting with consumers, CPC, and providers in Dubuque on Peer Support*
   - *Mental Health Conference in Ames, including evening consumer meetings*
   - *CROP Board meeting*
3. *Require the authorization of mental health services based not solely on medical necessity, but on a framework which incorporates clinical history and environmental factors into a review of the psychosocial necessity for treatment*

- *Annual review by stakeholders of Iowa Plan Utilization Management Guidelines*
- *State monitors monthly reports of authorization activities (93.79% of requests for services are authorized at the requested level of care); denial rates per level of care (denial rate was highest for inpatient, with 87.59% of requests authorized); level of care offered for each denial.(100% of time, when Contractor denied the requested level of care, another level of care was offered.) (January 2003, Monthly Report s)*

4. *Eliminate service duplication and gaps through coordinated, consumer-centered treatment planning*
   - *Consumers participated in an average of 40 joint planning treatment conferences monthly (PI-I, # 1, January 2003)*
5. *Increase contractor accountability through performance indicators which form the basis for monitoring the operation.*
   - *For the current contractor, nine Performance Indicators (PI) carry financial incentives, ten carry penalties, and 27 are monitoring only indicators. The Plan has generally performed near or above the targeted level levels of performance and has not incurred any penalties. State monitors level of performance monthly. Note: The Performance Indicators were modified in SFY 2001, based on recommendations of the Iowa Plan Advisory Committee, the Independent Assessment Report, and State monitoring results.*

STAKEHOLDER AND ADVISORY COMMITTEE MEETINGS:

1. *Iowa Plan Advisory committee (meets every six months)*
   - *Appointed by the State to advise the State on the implementation and operation of the Iowa Plan and to provide on going public input in its evolution. Advisory responsibilities include, but are not limited to the following:*
     - ♦ *Review of policies and policy revision, including changes to the Utilization Management guidelines;*
     - ♦ *Review of the PIHP's performance, based in part on performance measures established annually by State;*
     - ♦ *Review level of functioning scales for High Need enrollees and approve the PIHP's selection of scales and policies and practices related to use of the scale.*
     - ♦ *Review the PIHP's quality assurance reports and outcomes of interventions.*
     - ♦ *Review coordination of planning for children involved in the child welfare service system*

- *Membership includes representatives from the following: 5 consumer/advocacy groups; 7 provider associations; 6 from county/state/court; and 3 representatives from other councils for medical services, mental health and developmental disabilities, and substance abuse. In 2003, the chairman of the Sac and Fox Tribe of Mississippi in Iowa was invited participate in the committee. In addition, the meetings are attended by State, Department of Public Health staff, and the PIHP's CEO, Medical Director, Clinical Director, and QI Manager.*
- *The meeting is open and the public may attend any meeting. The meeting agenda always includes time for "guest topics".*
- *Includes consumer representatives and stakeholder monitoring of waiver activities.*
- *Consumer/advocacy groups represented on the committee include: National Alliance for the Mentally Ill – Iowa; Iowa Federation for Families for Children's Mental Health; Iowa Mental Health Recovery and Advocacy; Iowa Foster and Adoptive Parents Association; Treatment Component of Child Welfare Task Force.*
- *Recent committee discussion topics include: Independent Assessment report, medical audit report, waiver renewal, federal Medicaid managed care rules, Iowa administrative rule changes pertaining to substance abuse level of care criteria (ASAM PPC-2R) and fourteen day administrative authorizations for children; quality improvement activities and annual goals; performance indicators; recovery focused treatment as a best practice; advocacy group activities, other.*

2. Consumer, Family Member, Advocate Roundtable (every other month):

- *Attended by consumers and family members as well as advocacy groups. The committee provides advisory information to State in determining the activities and policies for the Iowa Plan waiver program.*
- *Includes consumer representatives and stakeholder monitoring of waiver activities with a focus on the support and operation of services for persons with special needs.*
- *Committee Discussion topics and activities include: Depression and Bi-Polar Support Alliance, the invitation to consumers to participate in educational panels for psychiatric staff at the University of Iowa, distribution of WRAP information to the Iowa Family Practice Association, discussion of the MH/DD Commission and mental health*

system redesign, NAMI - Iowa updates, People First of Iowa, for people with disabilities, Olmstead Real Choices Consumer Task Force, Child Health Specialty Clinic activities, recovery-focused activities,

3. *Children's Mental Health Stakeholders Meeting (monthly since April 1999):*
   - *This monthly roundtable was organized during the first quarter of the Iowa Plan, at the request of individuals particularly interested in Children's mental health issues, and as an outgrowth of the Consumer, Family Member, Advocate Roundtable.*
   - *Attended by family members, advocacy groups, providers, and representatives of Iowa Department of Education, Consumer Recovery Outreach Project, Iowa NASW, Autism Society of Iowa, Child Health Specialty Clinics, Coalition of Family and Children's Services, Iowa Foster and Adoptive Parents Association, National Alliance for the Mentally Ill, NAMI-Iowa*
   - *Includes consumer representatives and stakeholder monitoring of waiver activities with a focus on the support and operation of services for children with special needs.*
   - *Discussion topics and activities include: Issues related to the topic of statewide efforts for children's mental health including: the Children's Mental Health Initiative; Iowa Respite and Crisis Care Coalition; Ottumwa's children's mental health collaborative which includes the Area Education Agency, the county's Central Point Coordinator, Child Health Specialty Clinic, CMHC, and private human service providers; Rehabilitative Treatment Services and Psychiatric Medical Institutes for Children; MH/DD Commission and Mental Health System Redesign. Other discussion topic include:.*
4. *Provider Roundtable (meets quarterly at the state-wide level, and, during "off months", meets quarterly in each region for the convenience of local providers.)*
   - *Regional meetings attended by providers and PIHP staff. State-wide meeting attended by provider association representatives and executive directors, representative from DHS and DPH, and the PIHP's Associate Executive Director, Medical Director, Clinical Director*
   - *Includes stakeholder monitoring of waiver activities.*
   - *Discussion topics include: targeted case management record review, joint treatment planning and authorization of integrated services and supports, Medicaid medical audit, overview of HIPAA, attendee updates.*

5. *Judicial Task Force (meets quarterly)*
    - *Attended by judges, representative from DHS, DPH and the PIHP's CEO, Medical Director, and Clinical Director, Court Liaison.*
    - *Includes stakeholder monitoring of waiver activities.*
    - *Discussion topics include: facilitation of the Iowa plan Report to the Court project (on-going since 1998); communication between the Iowa Plan contractor and the judges and referees before or during a hearing; data collection for court ordered evaluation statistics.*
6. *Community and Clinical Advisory Committee (meets quarterly)*
    - *Attended by consumer and family advocates, providers, representative from DHS and IDPH, and the PIHP's CEO, Medical Director, Clinical Director, and QI Manager.*
    - *Includes consumer representatives and stakeholder monitoring of waiver activities.*
    - *Discussion topics include: criteria for authorized of targeted case management, use of Wellness Recovery Action Plans (WRAP) by consumers with chronic and persistent mentally illness; development and implementation of effective consumer crisis plans; provider profiling; effective treatment modalities for clients with Borderline Personality Disorder; focused chart review on readmission rate; Adult Rehabilitation services; Magellan Clinical Practice Guidelines (these focus on best practice protocols for the treatment of behavioral health symptoms/diagnoses); substance abuse treatment criteria; quality improvement goals and overview of QI activities.*
7. *Quality Improvement Committee (meets monthly)*
    - *Meets quarterly to discuss issues involving clients and providers throughout the state. Reviews the PIHP's Utilization Management Guidelines annually. Discussion topics include: complaint and grievance activity; client and provider satisfaction surveys; critical incidents; URAC accreditation; pilot project studies and outcomes; performance indicators, provider and community relations; feedback from stakeholders; High Need criteria; quality improvement activities; functional assessment studies; provider incident follow; external Independent Assessment; external Medicaid medical audit.*
    - *Meetings are charred by the PIHP's CEO and attended by the PIHP's Medical Director, Director of Clinical Operations, Manager of the QI Department and QI specialist. Members include consumers, family members, psychiatrists, a*

psychologist, a primary care physician, social workers, others.

- *Includes consumer representatives and stakeholder monitoring of waiver activities.*
- *Subcommittees support and submit minutes to the QI Committee and conducted the following activities:*
  - *Utilization management subcommittee: care manager profiling; care manager peer audits; readmission rates; readmission chart audit project; alternative services letter to inform enrollees discharged from inpatient hospital care of local mental health resources.*
  - *Professional Provider Review Subcommittee: review of provider quality activities; implementation of clinical practice guidelines; regular reviews to monitor service and provider access.*
  - *Member Services Subcommittee: reviews Iowa Plan activities related to client rights and responsibility.*
  - *Dual Diagnosis Subcommittee: focuses on ensuring that enrollees are screened for both substance abuse and mental health symptoms at intake and as appropriate during treatment; trending dual diagnosis data; monitoring treatment coordination for dually diagnosed enrollees.*

PROGRAM CHANGES/IMPROVEMENT THAT HAVE OCCURRED AS RESULT OF STAKEHOLDER AND CONSUMER INPUT:

The following list highlights examples of some of the ways stakeholder, client/consumer, and advocacy group input has impacted Iowa Plan services and procedures:

- *Resources on coping with stress and disaster were made widely available to consumers, providers and others following the September 11th terrorist attacks.*
- *The DPH Substance Abuse Provider Monitoring report was reviewed by providers and their recommendations were incorporated into the final version of the report.*
- *Iowa Plan enrollees benefiting from participation in the pilot project for Intensive Psychiatric Rehabilitation (IPR) services provided information to the contractor and other key stakeholders which facilitated the expansion of IPR services to other geographic locations.*
- *The MagellanAssist consumer web site was modified with input from consumers and other external stakeholders, including the addition of conferences and general calendar items, and the reorganization of the Community Resources section.*

- *Stakeholder input resulted in additional data analysis on the Iowa Plan prevention pilot project.*
- *Based on the IPR provider satisfaction survey, monthly teleconferences were discontinued and individual provider discussions will occur as needed.*
- *Based on enrollee input, meetings were held in Council Bluffs area to discuss development of community resources with local authorities.*
- *The utilization management guidelines, review tool and review process for the Targeted Case Management clinical pilot project was revised based upon feedback from providers and consumers.*
- *Based on requests through the Children's Mental Health Roundtable, MBC of Iowa's Family Advocate developed and distributed a Directory of Statewide Family Services.*
- *NAMI's Visions for Tomorrow educational program for families received an additional year of Community Reinvestment funding.*
- *Input continued to be requested and received on Community Reinvestment strategies through Provider Roundtables.*
- *Requests from providers at local Roundtables were met regarding additional information on a variety of agenda topics.*

2._X_ **Administration of Enrollment Process**:

(a)_ **X** State staff conduct the enrollment process.

RESPONSE:
The State Medicaid eligibility system automatically generates enrollment when Medicaid eligibility is initially identified for each month.

(b)__ The State contracts with an independent contractor(s) (i.e., enrollment broker) to conduct the enrollment process and related activities. The State must request the authority in 1915(b)(2) in Section A.I.b.1. (Refer to Section 2105 of the State Medicaid Manual)

i. Broker name: _____

ii. Procurement method:

(A). ____Competitive

(B). ____Sole source

iii. Please list the functions that the contractor will perform:

(c)__ State allows MCOs/PIHPs/PAHPs to enroll beneficiaries. Please describe the process and the State's monitoring.

3. **Enrollment Requirement:** Enrollment in the program is:

(a)_ **X** Mandatory for populations in Section A.III.d

RESPONSE:
Enrollment generally begins with the month of application for Medicaid and is mandatory for those recipients who are not in an excluded population, as listed in Section A.III.e

(b)__ Voluntary -- See Cost-effectiveness Section D introduction for instructions on inclusion of costs and enrollment numbers (please describe populations for whom it will be voluntary):

(c)___ Other (please describe):

4. **Enrollment:**

(a)__ The State will make counseling regarding their MCO/PIHP/PAHP choices prior to the selection of their plan available to potential enrollees. Please describe location and accessibility of sites for face-to-face meetings and availability of telephone access to enrollment selection counseling staff, the counseling process, and information provided to potential enrollees.

(b)__ Enrollment selection counselors will have information and training to assist special populations and persons with special health care needs in selecting appropriate MCO/PIHPs/PAHPs and providers based on their medical needs. Please describe.

(c)__ Enrollees will notify the State/enrollment broker of their choice of plan by:
i. ___ mail
ii.___ phone
iii.___ in person at ____
iv.___ other (please describe):

(d)_**X** [Required] There will be an open enrollment period during which the MCO/PIHP/PAHP will accept individuals who are eligible to enroll. Please describe how long the open enrollment period is and how often beneficiaries are offered open enrollment. Please note if the open enrollment period is continuous (i.e., there is no enrollment lock-in period).

RESPONSE:
State conduct continuous open mandatory enrollment.

(e)_ **X** Newly eligible beneficiaries will receive initial notification of the requirement to enroll into the program. Please describe the initial notification process.

RESPONSE:
State provides monthly Medical Assistance Eligibility Cards to all Medicaid beneficiaries which notify the beneficiary that they are enrolled with the Iowa Plan. The toll free 24-hour phone number in printed on the card with instructions to contact the PIHP for mental health or substance abuse services.

New enrollees receive an enrollment packet from the Iowa Plan PIHP explaining the program. The informational is mailed to all new enrollees upon determination of enrollment. The informational packet includes a handbook with information regarding client rights and responsibilities and a provider directory. The handbook was reviewed by the Consumer, Family Member, Advocate Roundtable during its development.
The handbook is available for distribution to any potential Iowa Plan client, parents, guardians or other person upon request and includes the following information:

- **The brochure language is sensitive to not imply that persons who are enrolled "should" have mental health care or substance abuse treatment and begins with "If You Need Us --- For many, it's hard to imagine ever needing help for mental health or substance abuse problems. For others, those needs are very real and it's hard to know where to turn for help. While you may never have mental health or substance abuse problems, it is your right to know what services are available to you, if you should need help."**
- **Describes the Iowa Plan and states that the staff who are**

available to assist enrollees are trained and experienced mental health and substance abuse professionals who understand the impact these problems can have on one's life.

- **List the toll free, 24-hour, 1-800-number to call with any question and the TDD toll free number.**
- **List the types of providers who are available through the Iowa Plan. (An full list of providers name, address, phone numbers is also included in the packet.)**
- **Lists services covered under Iowa Plan. Lists services <u>not</u> covered by Iowa Plan and offers the Iowa Plan toll free number to call if the reader is not certain if a service is covered or not and offers guidance for accessing services not covered.**
- **Explains how to get care or choose a provider. Explains that there are many providers throughout the state and the beneficiary has a choice of Iowa Plan providers. Explains that the beneficiary can go directly to a provider, or may call Iowa Plan for a list of providers who would meet their needs.**
- **Instructs the client to not delay, to go to an emergency room or call their doctor or provider is they have a mental health or substance abuse condition that if life threatening or requires emergency care.**
- **Offers assistance if the beneficiary prefers a male or female provider or a provider from a different cultural background.**
- **Explains the beneficiary's right to change providers.**
- **Instructs a new enrollee who is already in treatment with a non-network provider that they may request their provider join the Iowa Plan – or they will need to change to an Iowa Plan provider. *(Note from State: Iowa Plan will allow non-network providers to continue to serve new enrollees at the request of the enrollee or provider while the PIHP works with the provider to join the network.*)**
- **List enrollees rights to privacy, to be treated with dignity, to be provided with information, to not be discriminated against.**
- **Instructs an enrollee how to make a complaint to the Iowa Plan and how to file an appeal (fair hearing) with the State.**

A copy of the Iowa Plan information brochure is

attached: See attachment to Section H. Iowa Plan handbook, IF YOU NEED US, THE IOWA PLAN IS HERE

State provides informational material to Medicaid applicants or anyone inquiring about the Medicaid program. Information on the Iowa Plan is included in that handbook, YOUR GUIDE TO MEDICAID, which is provided in response to inquiries or requests for application, along with four other informational brochures. Translated versions of these brochures provided information regarding beneficiaries' rights and responsibilities, how to file an appeal (fair hearing), how to access Medicaid services, what to do if there are problems, how to use the 24-hour toll free Medicaid hot line to obtain information or ask questions, and an explanation of each covered Medicaid benefit and any co-pay or limitations for those services in the fee-for-service system. In addition to the general information, the brochure YOUR GUIDE TO MEDICAID provides the following information specific to the Iowa Plan:

- **The monthly Medicaid card mailed to each Medicaid beneficiary each month will designate whether the person is enrolled with the Iowa Plan and will list an 1-800-number to call if the beneficiary (or applicant) has any questions.**
- **Most Medicaid beneficiaries will be enrolled with the Iowa Plan.**
- **List the toll free, 24-hour 1-800-number for the Iowa Plan.**
- **The brochure language is sensitive to not imply that persons who are enrolled "should" have mental health care or substance abuse treatment and explains to enrollees that "while (they) may never need mental health or substance abuse care, it is their right to know how to access these Medicaid benefits if (they) are enrolled in the Iowa Plan".**
- **Notifies the applicant that they will receive a packet of information about the Iowa Plan shortly after enrollment.**
- **Describes that the beneficiaries may access mental health and substance abuse services by calling the toll free number for a list of providers or may go directly to a provider to get care, as most mental health providers and substance abuse treatment providers are part of the Iowa Plan. If the provider is not part of the Iowa Plan, the beneficiary may get a referral to another provider or have their provider**

join the network.

- **How to access emergency services without referral or prior authorization.**

See attachment to Section H for a copy of the brochure, YOUR GUIDE TO MEDICAID.

(f)___ Mass enrollments are expected. Please describe the initial enrollment time frames or phase-in requirements:

(g)__ If a potential enrollee does not select a plan within the given time frame, the potential enrollee will be auto-assigned or default assigned to a plan.

i. Potential enrollees will have ____ days/month(s) to choose a plan.
ii. Please describe the auto-assignment process and/or algorithm. What factors are considered? Does the auto-assignment process assign persons with special health care needs to an MCO/PIHP/PAHP that includes their current provider or to an MCO/PIHP/PAHP that is capable of serving their particular needs?

(h) __ The State provides guaranteed eligibility of ____ months for all MCO enrollees under the State plan. How and at which point(s) in time are potential enrollees notified of this?

(i)__ The State allows otherwise mandated beneficiaries to request exemption from enrollment in an MCO/PIHP/PAHP. Please describe the circumstances under which an enrollee would be eligible for exemption from enrollment. In addition, please describe the exemption process:

5. **Disenrollment:**

(a)__ The State allows enrollees to disenroll from/transfer between MCOs/PIHPs/PAHPs.
i. ___ Enrollee submits request to State
ii. ___ Enrollee submits request to MCO/PIHP/PAHP. The plan may approve the request, or refer it to the State plan may not disapprove the request).
iii. ___ Enrollee must seek redress through MCO/PIHP/PAHP grievance procedure before

determination will be made on disenrollment request

iv. ___ [Required] Regardless of whether plan or State makes determination, determination must be made no later than the first day of the second month following the month in which the enrollee or plan files the request. If determination is not made within this time frame, the request is deemed approved.

(b)_**X** The State does not allow enrollees to disenroll from the only available PIHP/PAHP.

RESPONSE:
The PIHP may not disenroll recipients for any reason. Eligible recipients may not disenroll from the Plan, but the State will disenroll Medicaid recipients whose eligibility changes to a Medicaid coverage group excluded from the Plan.

(c)__ The State monitors and tracks disenrollments and transfers between MCOs/PIHPs/PAHPs. Please describe the tracking and analysis:

(d)__ The State has a lock-in period of ____ months (up to 12 months permitted). If so, the following are required:

i.___ MCO/PIHP/PAHP enrollees must be permitted to disenroll without cause within the first 90 days of each enrollment period with each MCO/PIHP/PAHP.

ii.___ MCO/PIHP/PAHP enrollees must be notified of their ability to disenroll or change MCOs/PIHPs/PAHPs at the end of their enrollment period at least 60 days before the end of that period.

iii.___ MCO/PIHP/PAHP enrollees who have the following good cause reasons for disenrollment are allowed to disenroll during the lock-in period:

A. __ [Required] Enrollee moves out of plan area
B. ___[Required] Plan does not, because of moral or religious objections, cover the service the enrollee seeks
C. ___[Required] Enrollee needs related services; not all services available in network, and enrollee's provider determines that receiving services separately would subject enrollee to unnecessary risk
D. ___ [Required] Poor quality of care
E. __ [Required] Lack of access to covered services

F. __ [Required] Lack of access to providers experienced in dealing with enrollee's health care needs

G. ___ Other: (please list)

iv. __ [Required] Ensure access to State fair hearing process for any enrollee dissatisfied with determination that there is not good cause for disenrollment.

(e)__ The State does not have a lock-in, and enrollees in MCOs/PIHPs/PAHPs are allowed to terminate or change their enrollment without cause at any time.

(f) __ [Optional] A beneficiary who is disenrolled from an MCO/PIHP/PAHP solely due to loss of eligibility for two months or less may be automatically re-enrolled with the same MCO/PIHP/PAHP.

6. **MCO/PIHP/PAHP Disenrollment of Enrollees**: If the State permits MCOs/PIHPs/PAHPs to request disenrollment of enrollees, please check items below that apply:

RESPONSE:
The PIHP may not disenroll recipients for any reason.

(a)__ [Required] The MCO/PIHP/PAHP can request to disenroll or transfer enrollment of an enrollee to another plan. If so, it is important that reasons for reassignment are not discriminatory in any way -- including adverse change in an enrollee's health status, utilization of medical services, diminished mental capacity, and non-compliant behavior for individuals with mental health and substance abuse diagnoses -- against the enrollee. Please describe the reasons for which the MCO/PIHP/PAHP can request reassignment of an enrollee:

(b)__ The State reviews and approves all MCO/PIHP/PAHP-initiated requests for enrollee transfers or disenrollments.

(c)__ If the reassignment is approved, the State notifies the enrollee in a direct and timely manner of the desire of the MCO/PIHP/PAHP to remove the enrollee from its membership.

(d)__ The enrollee remains a member of the MCO/PIHP/PAHP until another MCO/PIHP/PAHP is chosen or assigned.

c. Entity Type Or Specific Waiver Requirements

Upcoming Waiver Period -- Please describe the entity type or specific waiver requirements for the upcoming two-year period.

RESPONSE:

The contract is a risk based contact for mental health and substance abuse treatment services. The Iowa Plan is a statewide, capitated, mental health and substance abuse treatment program with the PIHP at full risk for contractually required Medicaid managed behavioral health care services. The PIHP is responsible for assuring, arranging, monitoring, and reimbursing all necessary and appropriate mental health and substance abuse services and supports for all enrolled Medicaid recipients.

1._X_ **Required MCO/PIHP/PAHP Elements:** MCOs/PIHPs/PAHPs will be required to comply with all applicable federal statutory and regulatory requirements, including those in Section 1903(m) and 1932 of the Act, and 42 CFR Parts 434 and 438 et seq.

2. **_X_ Required Elements Relating to Waiver under Section 1915(b)(4):** If the State is requesting authority under Section 1915(b)(4) of the Social Security Act, please mark the items that the State is in compliance with:

(a) **X** The State believes that the requirements of section 1915(b)(4) of the Act are met for the following reasons:

i._ **X** _ Although the organization of the service delivery and payment mechanism for that service are different from the current system, the standards for access and quality of services are the same or more rigorous than those in your State's Medicaid State Plan.

RESPONSE:

The Iowa Plan contractor is required to contract with any willing provider of mental health or substance abuse treatment services who are appropriately licensed, certified or accredited, who meet the

credentialing criteria, who agree to the standard contract provisions, and who wish to participate. The Iowa Plan contractor is required to provide at least as much access to mental health and substance abuse treatment services as exist within Medicaid's fee for service program. Within the Plan's provider network, recipients have a choice of the providers which offer the appropriate level of care.

ii._ **X** MCO/PIHP/PAHP must provide or arrange to provide for the full range of Medicaid services to be provided under the waiver.

iii._ **X**_MCO/PIHP/PAHP must agree to accept as payment the reimbursement rate set by the State as payment in full.

iv._ **X**_ Per 42 CFR 431.55(f)(2)(i), enrollees residing at a long term care facility are not subject to a restriction of freedom of choice based on this waiver authority unless the State arranges for reasonable and adequate enrollee transfer.

v._ **X** There are no restrictions that discriminate among classes of providers on grounds unrelated to their demonstrated effectiveness and efficiency in providing services.

RESPONSE:
The State approves the standard language of provider contracts and monitors for any such discrimination and finds none.

3. The State has selected/will select the MCOs/PIHPs/PAHPs that will operate under the waiver in the following manner:

(a)_**X** The State has used/will use a competitive procurement process. Please describe.

RESPONSE:

Iowa conducted a competitive procurement process with the release of the Request for Proposals for the Iowa Plan for

Behavioral Health in March 1998. Per the terms of that RFP section 9.2, the Iowa Plan contract began January 1, 1999 and extended through June 30, 2001, with three optional extensions periods of up to one year each, at the discretion of the Department of Human Services. The Department has implemented two one-year extensions: for July 2001 through June 2002; and July 2002 through June 2003. At this time, given the option to extend the contract for an additional 12 months, through June 2004, the State does not anticipate a competitive procurement for June, 2003.

Copies of the Request for Proposals for the Iowa Plan for Behavioral Health, March 1998, were provided to HCFA Central Office and Regional Office. Additional copies are available from the State.

State is considering the continuation of the waiver program and would conduct a competitive reprocurement of the contractor(s) to continue the waiver.

(b)__ The State has used/will use an open cooperative procurement process in which any qualifying MCO/PIHP/PAHP may participate that complies with federal procurement requirements and 45 CFR Section 74.

(c)__ The State has not used a competitive or open procurement process. Please explain how the State's selection process is consistent with federal procurement regulations, including 45 CFR Section 74.43 which requires States to conduct all procurement transactions in a manner to provide to the maximum extent practical, open and free competition.

4._**X**_ Per Section 1932(d) of the Act and 42 CFR 438.58, the State has conflict of interest safeguards with respect to its officers and employees who have responsibilities related to MCO/PIHP/PAHP contracts and the default enrollment process established for MCOs/PIHPs/PAHPs.

d. Services

Previous Waiver Period

1._**X**_ [Required for all elements checked in the previous waiver submittal]

Please provide a description of how often and through what means the State has monitored compliance with service provision requirements. Please include the results from those monitoring efforts for the previous waiver period. [Reference: items A.III.d.2-6 of the 1999 initial preprint; items A.13, 14, 21 of the 1995 preprint, items A.III.d. Upcoming Waiver Period of 9/23/99 Waiver Renewal Preprint]

RESPONSE:

1. State monitors monthly utilization reports of waiver covered services, including the following reports:

A. Monthly Authorization Reports: State reviews the PIHP's monthly reporting packet which tracks authorization activities through 12 Authorization Reports (IAAU01-12) .

B. Monthly Utilization Reports: Tracks clients receiving services, by county and by month of service. 3 Utilization Reports (IAUT01-03)

C. Monthly Performance Indicator (PI) reports: State reviews the PIHP's monthly report of performance for the 46 performance indicators. The PI that are used to monitor coverage and authorization include PI-I #3, 4, 6, PI-P # 3, PI-M #12, 18. See attachment Iowa Plan Performance Indicators, January 2003 Report for details.

2. State reviews all monthly and quarterly data reports:

Monthly Authorization Reports: State reviews the PIHP's monthly reporting packet which tracks authorization activities through 12 Authorization Reports (IAAU01-12). State identified a subset of the reports and uses a monitoring tool to monitor and track trends or fluctuations from month to month. When State identifies trends or spikes, State requests explanatory information from the PIHP at the weekly meetings between State and the PIHP administrative staff.

- **Initial Authorizations: Report IAAU01 reports number of authorizations by type of service with breakouts by region and rate cell. State monitoring of the monthly reports and the QI Workplan reports pages 41-42 shows a steady pattern, no questionable trends (IAAU01)**
- **Granted Requests: Reports percentages of**

authorizations at the level requested. State monitoring finds that PIHP authorization for all levels ranged 91% to 94% monthly. (IAAU02)

- **Non-Certifications: Report initial and con-current non-certifications. Highest incident of non-authorization was for inpatient mental health. State monitoring shows monthly fluctuation with a somewhat downward trend (fewer) in denials. (IAAU04-05)**
- **Service Redirections: Documents level of care authorized when the requested level of service is denied by the PIHP. (Note: The PIHP is required to offer an alternative service when the enrollee does not meet psychosocial necessity for the requested level of care.) State monitoring finds that service redirections are primarily to a lower level of care, but every month, the PIHP directs some clients to a higher level of care than requested by the provider. State considers this an indicator that PIHP is appropriately applying criteria for levels of care. (IAAU03)**

3. Per Section A.14 and Appendix A.14 of the initial Iowa Plan waiver request (1995 preprint) and Section A.III.d of the Iowa Plan Waiver Renewal request, December 2000, authorization is not required for emergency services.

State monitors emergency room care through two performance Indicators:

- **(1) PI-I #6, State monitors the number of presentations per 1,000 enrollees:**
  FINDING: General trend toward increased use, with ER presentations averaging 10.44/1000 enrollee months in SFY 2002 and 10.59/1000 enrollee months in SFY 2003 through January 2003
- **(2) PI-P #4, State requires the PIHP to contact within 72 hours at least 85% of Medicaid enrollees seen in an emergency room who are not admitted to 24-hour care:**
  FINDING: PIHP follow-up contacts with enrollees ranged from 90.59% to 96.21% in SFY 2002 and 94.34% to 97.16% in SFY 2003 through January 2003, well above the required 85%.)

4. Family planning services remained available to enrollees as a fee-for-service benefit and are not a covered benefit under the Iowa Plan and, therefore, not subject to authorization by the Iowa Plan

contractor.

5. FQHC services remained available to enrollees as a fee-for-service benefit, and because the services typically are not provided by mental health professionals and not focused on mental health, the services are not a covered benefit under the Iowa Plan and, therefore, not subject to authorization by the Iowa Plan contractor.

Upcoming Waiver Period -- Please describe the service-related requirements for the upcoming two year period.

1. **_X_** The Medicaid services MCOs/PIHPs/PAHPs will be responsible for delivering, prescribing, or referring to are listed in the chart below. The purpose of the chart is to show which of the services in the State's state plan are or are not in the MCO/PIHP/PAHP contract; which non-covered services are impacted by the MCO/PIHP/PAHP (i.e. for calculating cost effectiveness; see Appendix D.III); and which new non-state plan services are available only through the MCO/PIHP/PAHP under a 1915(b)(3) waiver. When filling out the chart, please do the following:

(Column 1 Explanation) Services: The list of services below is provided as *an example only. States should modify the list to include:*

-- all services available in the State's State Plan, regardless of whether they will be included or excluded under the waiver
-- subset(s) of state plan amendment services which will be carved out, if applicable; for example, list mental health separately if it will be carved out of physician and hospital services
-- services not covered by the state plan (note: only add these to the list if this is a 1915(b)(3) waiver, which uses cost savings to provide additional services)

(Column 2 Explanation) State Plan Approved: Check this column if this is a Medicaid State Plan approved service. This information is needed because only Medicaid State Plan approved services can be included in cost effectiveness. For 1915(b)(3) waivers it will also distinguish existing Medicaid versus new services available under the waiver.

(Column 3 Explanation) 1915(b)(3) waiver services: If a covered service is not a Medicaid State Plan approved service, check this column. Marking this column will distinguish new services available under the waiver versus existing Medicaid service.

(Column 4 Explanation) MCO/PIHP/PAHP Capitated Reimbursement: Check this column if this service will be included in the capitation or other reimbursement to the MCO/PIHP/PAHP. All services checked in this column should be marked in Appendix D.III in the "Capitated Reimbursement" column.

(Column 5 Explanation) Fee-for-Service Reimbursement: Check this column if this service will NOT be the responsibility of the MCO/PIHP/PAHP, i.e. not included in the reimbursement paid to the MCO/PIHP/PAHP. However, do not include services impacted by the MCO/PIHP/PAHP (see column 6).

(Column 6 Explanation) Fee-for-Service Reimbursement impacted by MCO/PIHP/PAHP: Check this column if the service is not the responsibility of the MCO/PIHP/PAHP, but is impacted by it. For example, if the MCO/PIHP/PAHP is responsible for physician services but the State pays for pharmacy on a FFS basis, the MCO/PIHP/PAHP will impact pharmacy use because access to drugs requires a physician prescription. All services checked in this column should appear in Appendix D.III (in "Fee-For-Service Reimbursement" column). Do not include services NOT impacted by the MCO/PIHP/PAHP (see column 5).

Service (1)	State Plan Approve (2)	1915(b)(3) Waiver Services (3)	PIHP Capitated Reimburse-ment (4)	FFS Reimburse-ment (5)	FFS Reim-bursement Impacted by PIHP (6)
Community Mental Health Center (CMHC)	XXX		XXX		
Day Treatment Services -- *For MH* -- *All other*	XXX XXX		XXX	 XXX	
Dental	XXX			XXX	
Education Agency Services	XXX			XXX	
Enhanced Services -- *Targeted Case Management for primary MH* -- Other	XXX		XXX	 XXX	

Service (1)	State Plan Approve (2)	1915(b)(3) Waiver Services (3)	PIHP Capitated Reimburse-ment (4)	FFS Reimburse-ment (5)	FFS Reim-bursement Impacted by PIHP (6)
EPSDT -- *Screening for primary MH/SA services* -- *Other*	 XXX XXX		 XXX	 XXX	
Family Planning Services	XXX			XXX	
Federally Qualified Health Center Services	XXX			XXX	
Home Health -- *Intermittent, skilled nursing care for MH* -- *Other home health services*	 XXX XXX		 XXX	 XXX	
Hospice	XXX			XXX	
Inpatient Hospital -- *Primary MH/SA services (DRGs 424-438) (includes detoxification)* -- *Other*	 XXX XXX		 XXX	 XXX	
Inpatient Hospital – Mental Health Institution (MHI) -- *MHI - under age 21 for MH* -- *MHI (State Mental Health Institute) – over 64*	 XXX XXX		 XXX	 XXX	
Immunizations	XXX			XXX	
Lab and Radiological -- *SA lab testing for SA treatment* -- *Other*	 XXX XXX		 XXX	 XXX	
Medical Supplies -- *Primary MH/SA services* -- *Other*	 XXX XXX		 XXX	 XXX	

Service (1)	State Plan Approve (2)	1915(b)(3) Waiver Services (3)	PIHP Capitated Reimburse-ment (4)	FFS Reimburse-ment (5)	FFS Reim-bursement Impacted by PIHP (6)
Nurse Practitioner					
-- *Primary MH/SA services*	XXX		XXX		
-- *Other*	XXX			XXX	
Nursing Facility	XXX			XXX	
Other fee-for-service services					
- *Rehabilitative Treatment Services (for children)* NOTE: In keeping with waiver year 1-4 requirements, the Iowa Plan contractor is not required to reimburse services which are authorized as part of the EPSDT, Rehabilitative Services option.	XXX				XXX
- *Adult Rehabilitation Option Services* Note: This benefit for adults with chronic mental illness was added to the Iowa Medicaid FFS program in January 20001 based on county and stakeholder input.	XXX				XXX
Other Practitioners					
-- *MH/SA services*	XXX		XXX		
-- *All other*	XXX			XXX	
Outpatient Hospital					
-- *Outpatient therapy/counseling for MH*	XXX		XXX		
-- *Outpatient substance abuse treatment*	XXX		XXX		
-- *Emergency room services for MH/SA*	XXX		XXX		
-- *SA lab testing for SA treatment*	XXX		XXX		
-- *Other*	XXX			XXX	
Partial Hospitalization					
-- *For MH*	XXX		XXX		
-- *All other*	XXX			XXX	

Service (1)	State Plan Approve (2)	1915(b)(3) Waiver Services (3)	PIHP Capitated Reimburse-ment (4)	FFS Reimburse-ment (5)	FFS Reim-bursement Impacted by PIHP (6)
Pharmacy -- *Mental health prescription drugs* -- *All other*	 XXX XXX			 XXX	 XXX
Physician -- *Psychiatrists and physician MH/SA services* -- *Other non-MH/SA services*	 XXX XXX		 XXX	 XXX	
Prof. & Clinic -- *MH/SA services* -- *All other*	 XXX XXX		 XXX	 XXX	
Psychiatric Medical Institution for Children (PMIC) - *SA services of a PMIC* -- *MH services of a PMIC*	 XXX XXX		 XXX		 XXX
Psychologist -- *Testing, evaluation, treatment for MH/SA* -- *Other*	 XXX XXX		 XXX	 XXX	
Transportation – Emergency -- *Ambulance for MH/SA* -- *Other ambulance*	 XXX XXX		 XXX	 XXX	
Vision Exams and Glasses	XXX			XXX	

Service (1)	State Plan Approve (2)	1915(b)(3) Waiver Services (3)	PIHP Capitated Reimburse-ment (4)	FFS Reimburse-ment (5)	FFS Reim-bursement Impacted by PIHP (6)
Other Mental Health Services- Please Specify *-- 1. INTENSIVE PSYCHIATRIC REHABILITATION (IPR)* *Description: recovery-oriented, consumer driven, readiness, skill and support development interventions in the area of social, vocational, educational and residential functioning for persons with serious behavioral illness that require long-term services and supports. Provided by bachelor or master-level accredited clinicians.* *-- 2. ASSERTIVE COMMUNITY TREATMENT (ACT)* *Description: Comprehensive, intensive, mental health services, with an emphasis on providing continuity and maintaining the consumer in the community. Provided by a team of mental health professionals.* *-- 3. COMMUNITY SUPPORT SERVICES* *Description: provided by accredited mental health providers to adults with severe and persistent mental illness, designed to support individual in the community with outreach and support to manage symptoms of mental illness, assure follow-up on discharge plan, develop crisis plan, other.* *-- 4. SUBSTANCE ABUSE TREATMENT: Level III, Residential/Inpatient Services, (per ASAM PPC-2R criteria)* *Description: Clinically managed, organized services provided by designated addiction treatment personnel who provide a planned regimen of patient care in a 24 hour setting.*		XXX Pilot Project XXX Pilot Project XXX XXX			

2. **Emergency Services (Required)**. The State must ensure enrollees in MCOs/PIHPs/PAHPs have access to emergency services without prior authorization even if the emergency provider does not have a contractual relationship with the entity. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably

expect the absence of immediate medical attention to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

RESPONSE:

In prior waivers periods, State has used the following definition under the Iowa Plan waiver: emergency services means those services required to meet the needs of an enrollee who is experiencing an acute crisis of level of severity requiring immediate treatment where a failure to treat could result in serious danger to others, or, that a prudent layperson who possesses an average knowledge of behavioral health could reasonable expect the absence of immediate medical attention to result in death, injury, or lasting harm to the beneficiary.

In order to assure compliance with requirements of 42 CFR 438, State intends to amend the Iowa Plan contract by August 2003 to adopt the standard definition as stated in this pre-print and as follows: Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairments to bodily functions, or serious dysfunction of any bodily organ or part.

(a)__ The State has a more stringent definition of emergency medical condition for MCOs/PIHPs/PAHPs than the definition above. Please describe.

The State takes the following required steps to ensure access to emergency services. If an item below is not checked, please explain.

(b)_**X** The State ensures enrollee access to emergency services by requiring the MCO/PIHP/PAHP to provide adequate information to all enrollees regarding emergency service access (see Section H. Enrollee Information and Rights)

(c)_ **X** The State ensures enrollee access to emergency services by including in the contract with MCOs/PIHPs/PAHPs a

requirement to cover and pay for the following: *Please note that this requirement for coverage does not stipulate how, or if, payment will be made. States may give MCOs/PIHPs/PAHPs the flexibility to develop their own payment mechanisms, e.g. separate fee for screen/evaluation and stabilization, bundled payment for both, etc.*

i._ **X** For the screen/evaluation and all medically necessary emergency services when an enrollee is referred by the ~~PCP or other~~ plan representative to the emergency room, regardless of whether the prudent layperson definition was met,

Response:
Note: The PIHP has an open panel network for mental health and substance abuse treatment services and does not require use of PCP.

ii._ **X** The screen/evaluation, when an absence of clinical emergency is determined, but the enrollee's presenting symptoms met the prudent layperson definition,

iii._ **X** Subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.

iv._ **X** Continued emergency services until the enrollee can be safely discharged or transferred,

v._ **X** Post-stabilization services which are pre-authorized by the MCO/PIHP/PAHP, or were not pre-authorized, but the MCO/PIHP/PAHP failed to respond to request for pre-authorization within one hour, or could not be contacted (Medicare+Choice guideline). Post-stabilization services remain covered until the MCO/PIHP/PAHP contacts the emergency room and takes responsibility for the enrollee.

(d) The State also assures the following additional requirements are met:

i._ **X** The MCO/PIHP/PAHP may not limit what constitutes an emergency medical condition on the basis of a list of

diagnoses or symptoms;

ii. **X** _ The MCO/PIHP/PAHP may not refuse to cover emergency services based on the provider not notifying the enrollee's PCP or plan of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services;

iii. **X** _ The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the MCO/PIHP/PAHP.

(e) ___ The MCO/PIHP/PAHP does not cover emergency services.

3. **Family Planning**: In accordance with 42 CFR 431.51(b), preauthorization by the enrollee's PCP (or other MCO/PIHP/PAHP staff), or requiring the use of participating providers for family planning services is prohibited under the waiver program.

(a)__ Enrollees are informed that family planning services will not be restricted under the waiver.

(b)__ Non-network family planning services are reimbursed in the following manner:

i.___ The MCO/PIHP/PAHP will be required to reimburse non-network family planning services

ii.___ The MCO/PIHP/PAHP will be required to pay for family planning services from network providers, and the State will pay for family planning services from non-network providers

iii.___The State will pay for all family planning services, provided by both network as well as non-network providers

iv.___ The State pays for non-network services and capitated rates were set accordingly.

v.___ Other (please explain):

(c) **X _** Family planning services are not included under the waiver.

RESPONSE:

Family planning services remain available in the fee-for-service Medicaid program and are not a covered benefit under the waiver.

Enrollees are informed that Iowa Plan covers only mental health and substance abuse treatment services. Other Medicaid services, including family planning services remain available through fee-for-service Medicaid and are not restricted under the waiver

4. **Other Services to Which Enrollee Can Self-Refer**: In addition to emergency care and family planning, the State requires MCOs/PIHPs/PAHPs to allow enrollees to self-refer (i.e. access without prior authorization)under the following circumstances or to the following services:

(a) **_X_** [Required for rural exception to choice]

- The service or type of provider is not available in the plan;
- for up to 60 days if provider is not part of the network but is the main source of care and is given opportunity to join network but declines;
- MCO/PIHP/PAHP or provider does not, because of moral or religious objections, provide a covered service; provider determines enrollee needs related service not available in network and receiving service separately would subject enrollee to unnecessary risk.

(b) ___ [Required if women's routine` and preventive care is a covered service] Female enrollees must have direct access to women's health specialist within the network for covered care related to women's routine and preventive care. (Please note whether self-referral is allowed only to network providers or also to non-network providers.)

(c) ___ Other: (please identify)

5.___ **Monitoring Self-Referral Services**. The State places the following requirements on the MCO/PIHP/PAHP to track, coordinate, and monitor services to which an enrollee can self-refer:

RESPONSE:

The levels of care are tracked and monitored by the following:

- **monthly utilization and access reports: IAAU03, IAUT01**
- **performance indicators: PI-I #7, #8; PI-M #21, #23**
- **provider profiling reports**

Additionally, the PIHP is required to monitor psychosocial necessity and service necessity through retrospective review of provider medical records.

Note: Sample of results from monitoring during the prior waiver period:

- **Enrollees received services as requested over 91% of the time, with the most lowest percent of granted requests for inpatient hospitalization at about 87 % of requests granted as requested.**
- **In every situation when the PIHP denied a request for authorization, the PIHP offered an alternative level of care for the enrollee.**
- **91% of enrollees discharged from inpatient level of care received a follow-up service within 7 days after discharge**
- **92% of mental health hospital discharge plans for enrollees were implemented as written with the enrollee.**

6. **Federally Qualified Health Center** (FQHC) Services will be made available to enrollees under the waiver in the following manner (indicate one of the following, and if the State's methodology differs, please explain in detail below):

(a)__ The program is **voluntary**, and the enrollee can disenroll at any time if he or she desires access to FQHC services. The MCO/PIHP/PAHP is not required to provide FQHC services to the enrollee during the enrollment period.

(b)__ The program is **mandatory** and the enrollee is guaranteed a choice of at least one MCO/PIHP/PAHP which has at least one FQHC as a participating provider. If the enrollee elects not to select the MCO/PIHP/PAHP that gives him or her access to FQHC services, no FQHC services will be required to be furnished to the enrollee while the enrollee is enrolled with the MCO/PIHP/PAHP he or she selected. In any event, since reasonable access to FQHC services will be available under the waiver program, FQHC services outside the

program will not be available.

Please explain how the State will guarantee all enrollees will have a choice of at least one MCO/PIHP/PAHP with a participating FQHC:

(c)_**X**_ The program is **mandatory** and the enrollee has the right to obtain FQHC services **outside** this waiver program through the regular Medicaid Program.

RESPONSE:

State informs Medicaid beneficiaries that they have access to FQHC services outside the waiver through information material provided to enrollees at the time of application to Medicaid. Historically and at the present time, the FQHCs in Iowa do not provide primary mental health services.

In the event that an FQHC offered mental health services by qualified mental health professionals, the FQHC would be qualified to join the PIHP's network. Enrollees would maintain the right to obtain FQHC services outside the waiver.

7. **EPSDT Services:** The State has coordinated and monitored EPSDT services under the waiver program as follows:

(a) **X** The State requires MCOs/PIHPs/PAHPs to report EPSDT screening data, including behavioral health data (e.g., detailed health and development history including physical and mental health assessments). Please describe the type and frequency of data required by the State.

RESPONSE:

The State requires the PIHP to include this data in encounter date, which is submitted monthly to the State.

(b)_**X**_ EPSDT screens are covered under this waiver. Please list the State's EPSDT annual screening rates, including behavioral components, for previous waiver period. (Please note*: CMS requested that each State obtain a baseline of EPSDT and immunization data in the initial application. That baseline could have been the data reported in the CMS 416 report or it may be rates/measures more specific to the Medicaid managed care population.

Those rates from the previous submission should be compared to the current rates and the reports listed here.) Please describe whether screening rates increased or decreased in the previous waiver period and which activities the State will undertake to improve the percentage of screens administered for enrollees under the waiver.

RESPONSE:

State tracks all well child EPSDT screenings, which include mental health along with other health components. Screening are tracked in the aggregate and are reported by the State's Medicaid program. Reports (Oct/2000-Sep/2001; and Oct/2001-Sep/2002) indicate that Iowa Medicaid screenings exceeded the State's goal of eighty percent for the last two years.

State contracts with the University of Iowa Public Policy Center to annually monitor and report on the outcomes of Iowa Medicaid managed care programs. Their report shows that about three quarters of Medicaid-enrolled children rate as either excellent of very good health. (Evaluating the Iowa Medicaid Managed Care Program, January 2003, Page 17)

(c) __ Immunizations are covered under this waiver. Please list the State's immunization rates for previous waiver period. What activities will the State initiate to improve immunization rates for enrollees under the waiver?

(d)__ Immunizations are covered under this waiver, and managed care providers are required to enroll in the Vaccines for Children Program. If not, please explain.

(e)__ Mechanisms are in place to coordinate school services with those provided by the MCO/PIHP/PAHP. Please describe and clarify the aspects of school services that are coordinated including IEPs, IFSPs, special education requirements, and school-based or school-linked health centers (e.g., plan requirements for PCP cooperation or involvement in the development of the IEPs).

(f)__ Mechanisms are in place to coordinate other aspects of EPSDT (e.g., dental, mental, Title V, etc) with those provided

by the MCO/PIHP/PAHP. Please describe.

End Section A